On March 14, Cyclone Idai made landfall near the port city of Beira in Mozambique. The cyclone moved across Mozambique and then inland, affecting parts of Malawi and Zimbabwe. The powerful storm, which caused widespread flooding and destruction, is the most severe natural disaster to affect southern Africa in over three decades.

Nearly a month after the cyclone hit, communities are still recovering from a state of shock and wondering how they will begin to recover their losses. There are more than 1,000 confirmed fatalities, and that number is expected to increase as hundreds of people are still declared missing. There are currently 228,000 people being housed in crowded shelter camps, raising concerns among aid workers and government officials about the risk of disease outbreak. The World Health Organization (WHO) has reported over 4,000 confirmed cases of cholera and is working closely with the government to provide vaccination.

In Zimbabwe, the most affected areas are the rural, agricultural communities of Chimanimani and Chipinge, which already suffer from high rates of poverty. Some 270,000 people have been affected by flooding in these two districts and 21,000 have been displaced. According to International Organization for Migration assessments, over 300 people are still missing in Zimbabwe, meaning the death toll of 344 is expected to rise significantly.

Because the floods occurred at the height of harvest season, thousands of people will need to rely on food aid for the next 6-9 months while they replant and recover their crops. According to a United Nations vulnerability assessment, over 5 million people are currently food insecure in Zimbabwe and those affected by flooding and drought will be pushed to the brink.

In Zimbabwe, the government is coordinating with several INGOs on food distribution and needs assessments. Civil protection units have been assigned to help coordinate the response but they have been largely overwhelmed by the need. Lutheran World Relief and IMA World Health has been active in humanitarian coordination clusters on the ground to assess the most pressing needs.

BY THE NUMBERS

3 million
people affected in Mozambique, Zimbabwe and Malawi

1,005
confirmed fatalities

270,000
people affected by flooding in Zimbabwe

715,000
hectares of crops destroyed

Source: OCHA & IOM, April 10, 2019

NEW INFORMATION AND HIGHLIGHTS

Lutheran World Relief and IMA World Health are working with local partners in Zimbabwe and Mozambique to provide humanitarian assistance to affected populations and distributing LWR Kits of Care.

Lutheran World Relief and IMA World Health, in partnership with Smile4Africa, is distributing non-food items in the Chipinge and Chimanimani districts of Zimbabwe.

INTERNATIONAL HUMANITARIAN RESPONSE EFFORTS

On March 22, the Interagency Standing Committee for the United Nations declared Scale-Up level (formerly called Level 3) in Mozambique, declaring it the highest level of priority for UN agencies. The International Red Cross is supporting search and rescue efforts through their local chapters and the governments of Mozambique, Zimbabwe and Malawi. The U.S. and several European countries have committed funding for humanitarian relief efforts.

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ACTIONS TAKEN AND NEXT STEPS

Lutheran World Relief and IMA World Health are responding to the devastation in Chipinge and Chimanimani in partnership with local organizations in Zimbabwe. Thus far, we have allocated $80,000 to an initial response that will focus on temporary shelter, NFI distribution and community water filters. We are targeting 300 households with immediate support. We are also working with local churches to set up psychosocial support programs to help the affected population cope with the trauma of losing their homes and being displaced by the cyclone.

In the coming days we will be working with local partner Smile for Africa to set up 50 community water filters at schools, clinics and common spaces in Chipinge and Chimanimani.

Additionally, we have sent more than 2,000 School Kits to Mozambique that will be distributed in partnership with Save the Children and Airlink in child friendly spaces and temporary camps. In Zimbabwe, we are working with partners World Help and Smile for Africa to distribute Baby Care Kits, School Kits and Personal Care Kits to families in Chimanimani and Chipinge.

In the long term, we are exploring options to support the affected population with cash transfer and livelihood recovery programs, in collaboration with local organizations.

ABOUT LUTHERAN WORLD RELIEF AND IMA WORLD HEALTH

In January 2019, Lutheran World Relief and IMA World Health combined operations to dramatically increase our impact on breaking the cycle of poverty and promoting healthier families and communities throughout the world.

With nearly 75 years of demonstrated expertise helping to transform some of the hardest-to-reach places in the developing world, Lutheran World Relief is an innovative, trusted international nongovernmental organization committed to those otherwise cut off from basic human services and opportunities.

We help communities living in extreme poverty adapt to the challenges that threaten their livelihoods and well-being and we respond to emergencies with a long-term view. When a disaster hits — whether it’s a drought, tsunami or civil war — we work alongside communities over months and years to help them recover and adjust to new realities, ensuring that they are prepared to withstand the next unexpected challenge.

IMA World Health provides solutions to health-related problems in the developing world. IMA — which stands for Interchurch Medical Assistance — was founded in 1960 by a consortium of faith-based relief agencies to provide medical supplies to the world’s poorest populations. Today, IMA World Health focuses on:

- Ensuring people have access to primary health care services.
- Promoting maternal and child health through access to immunizations, malaria treatment and other lifesaving health services.
- Promoting proper nutrition, especially for very young children.
- Preventing the spread of HIV.
- Distributing medicine and supplies to prevent diseases from spreading — including malaria and Ebola — and helping communities care for those affected.
- Responding to and preventing sexual and gender-based violence.